

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	H.T	913	10 2-2-01 02/02/01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	HA	858	03 21-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	C	✓	1/2/01
2	✓	✓	1/2/01
3	V	✓	1/2/01
4	✓	✓	1/2/01
5	✓	✓	1/2/01
6	✓	✓	1/2/01
7	✓	✓	1/2/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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